



APPLICATION FOR REASSIGNMENT OF REAL ESTATE LICENSE

State Form 47478 (R3 / 3-04)

Approved by State Board of Accounts, 2004

Indiana Professional Licensing Agency
302 West Washington Street, Room E034
Indianapolis, IN 46204
Telephone Number: (317) 232-2980

Your Social Security number is requested in accordance with IC 4-1-8-1. Disclosure is mandatory; this record cannot be processed without it.

- INSTRUCTIONS:**
- 1) To transfer from one broker/corporation/partnership/LCC to another, complete sections A, B, and C or D.
 - 2) To transfer from a broker/corporation/partnership/LCC to the STATE, complete sections A and B.
 - 3) To transfer your *broker* license from a broker/corporation/partnership/LCC to yourself, complete sections A, B, and C.
 - 4) If you are currently in referral status, you may transfer to another broker/corporation/partnership/LCC providing you maintain your referral status with the new association. If you are in referral status and want to become active, you are required to file an activation form. Contact the agency at the above telephone number for an activation form.
 - 5) **\$10.00 FEE**

CHECK ONE: ☐ Transfer ☐ Transfer to State (*no fee*) ☐ Transfer as referral status ☐ Broker to hold own license

SECTION A TRANSFERRING SALESPERSON / BROKER	
Name of licensee	License number
Address (<i>number and street</i>)	Social Security number*
City, state, ZIP code	Telephone number ()
Signature	Date

SECTION B TERMINATION OF ASSIGNMENT BY BROKER OR CORPORATION/PARTNERSHIP/LCC	
Name of releasing broker	License number
Name of releasing corporation/partnership/LCC	License number
Address (<i>number and street</i>)	Social Security number*
City, state, ZIP code	Telephone number
Signature of releasing broker or principal broker of the corporation/partnership/LCC	Date

SECTION C TRANSFERRING TO A BROKER	
NOTE: A license cannot be assigned to a broker-salesperson (<i>associate broker</i>) or principal broker of a corporation, partnership or LCC. The requesting real estate broker named below requests the license of the salesperson or broker to be assigned to the requesting broker with full responsibility for salesperson's/broker's actions in real estate transactions while associated with the requesting broker.	
Name of requesting broker	License number
Address (<i>number and street</i>)	Social Security number*
City, state, ZIP code	Telephone number ()
Signature	Date

SECTION D TRANSFERRING TO A CORPORATION/PARTNERSHIP/LCC	
The requesting real estate corporation/partnership/LCC name below requests the license of the salesperson or broker to be assigned to the requesting corporation/partnership/LCC with full responsibility for salesperson's/broker's actions in real estate transactions while associated with the requesting corporation/partnership/LCC.	
Name of requesting corporation/partnership/LCC	License number
Address (<i>number and street</i>)	
City, state, ZIP code	Telephone number ()
Signature of principal broker	Date